STROKE – ALS

1. Dextrose 10% as 100ml boluses until mental status improves or BS > 60 to a maximum of 500ml

Determine time when patient was last seen normal
Assess for physical signs of stroke:
• Perform Cincinnati Stroke Scale (CSS)*
• Perform Finger-to-Nose (FTN) Assessment**

Cardiac monitor
Establish vascular access
Check Blood Sugar

Dextrose* or Glucagon 1 mg IM/IN or Oral Glucose 1 tube PO
BS ≤ 60 mg/dl

BS > 60 mg/dl

If abnormal or unattainable CSS or FTN:
Assess stroke severity with 3 Item Stroke Scale (3I-SS)**

3I-SS ≤ 3
And last known normal time of ≤ 24 hours
Transport to closest stroke center

3I-SS ≥ 4
Last known normal?

6-24 hours or unknown
Transport to closest Comprehensive Stroke Center (CSC) beyond the closest Primary Stroke Center (PSC)

Estimate transport time to closest Comprehensive Stroke Center (CSC) beyond the closest Primary Stroke Center (PSC)

Transport to closest Comprehensive Stroke Center

≤ 15 minutes
Transport to closest Comprehensive Stroke Center

> 15 minutes
Transport to closest stroke center

Contact Medical Control to provide pre-arrival notification
Document time of onset and signs of stroke in report

**3-Item Stroke Scale (3I-SS)
The 3I-SS is scored 0-6. Assign a score from 0 to 2 for each of the three parts of the assessment. Add each section for the total score.

1. Level of Consciousness (AVPU)
   0 = Alert
   1 = Arousable to voice only
   2 = Arousable to noxious stimuli only or unresponsive

2. Gaze Preference
   0 = Normal eye movements
   1 = Prefers to look to one side, but can move eyes to both sides
   2 = Eyes are fixed in one direction

3. Motor Function
   0 = Normal strength in arms and legs
   1 = Can lift arm or leg, but cannot hold arm/leg up for 10 seconds
   2 = None or minimal movement of arm or leg

* Cincinnati Stroke Scale (CSS)
Positive CSS = One or more of the following are abnormal:

1. Facial Droop
   • Have patient show teeth or smile
   • Abnormal = One side does not move as the other

2. Arm Drift
   • Have patient close eyes and hold arms out for 10 seconds with palms up
   • Abnormal = One arm does not move or drifts down

3. Abnormal Speech
   • Have patient say, “You can’t teach an old dog new tricks”
   • Abnormal = Patient slurs word, uses wrong words or is unable to speak

** Finger-to-Nose (FTN)
Have the patient touch their nose and then the provider’s finger repeatedly, with each hand. A normal exam is one where the patient can smoothly touch their nose and the provider’s finger.

An abnormal exam is one where the patient demonstrates dysmetria (unable to touch finger following a straight path) on either side or both.